

45th 6/1/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2011
--	--	--	--

NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000	INITIAL COMMENTS Complaint investigations #27591, #27207, and #26464, were completed during the annual recertification survey on April 25 - 27, 2011, at Cleveland Care and Rehabilitation Center. No deficiencies were cited related to the complaints under 42 CFR Part 483.13, Requirements for Long Term Care.	F 000	Disclaimer Statement Signature HealthCare of Cleveland does not believe and does not admit that any deficiencies exist, before, during and after the survey. Spring City Care and Rehabilitation Center reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceeding or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Spring City Care and Rehabilitation Center reserves all right to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceedings. Nothing contained in this Plan of Correction should be considered as a waiver of any potential applicable Peer Review, Quality Assurance or self critical examination privileges which Spring City Care and Rehabilitation Center does not waiver, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceedings. Spring City Care and Rehabilitation Center offers its responses, credible allegations of compliance and plan of corrections as part of its ongoing efforts to provide quality of care to residents.	
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, facility policy review, review of the manufacturer's recommendations, and interview, the facility failed to maintain oxygen concentrators in clean, sanitary working order for two residents (#15, #16) of nineteen residents reviewed. The findings included:	F 328	F- 328 1) Resident #15 oxygen filter was immediately cleaned by the Assistant Director of Nursing on 4-25-11. Resident #16 oxygen filter was immediately cleaned by the Staff Development Coordinator on 4-25-11. 2) Resident who require the use of oxygen concentrators have the potential to be affected. All residents utilizing oxygen concentrators were audited to ensure oxygen filters were cleaned. This audit was completed on 4-25-11 by the Assistant Director of Nursing, Staff Development Coordinator and Unit Manager.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Diffan Thompson</i>	TITLE <i>RN Administrator</i>	(X6) DATE <i>5-4-2011</i>
---	----------------------------------	------------------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 328	<p>Continued From page 1</p> <p>Resident #15 was admitted to the facility on June 28, 2010, and readmitted on March 9, 2011, with diagnoses including Chronic Obstructive Pulmonary Disease, Emphysema, Hypertension, and history of Myocardial Infarction. Medical record review of the Physician's Order dated March 9, 2011, revealed, "...O2 (Oxygen) pnc (per nasal cannula) at 3L (liters)/(per) min (minute)..."</p> <p>Observation of resident #15 on April 25, 2011, at 10:00 a.m., during the initial tour revealed the resident seated on the side of the bed with Oxygen administered via nasal cannula at 3 liters per minute. Observation of the Oxygen concentrator revealed the filters on each side of the machine were covered with white, lint-like substance.</p> <p>Resident #16 was admitted to the facility on May 29, 2009, with diagnoses of Pneumonia, and a history of Chronic Obstructive Pulmonary Disease. Medical record review of the Physician's Order dated July 15, 2010, revealed, "...O2 (Oxygen) 2l (liters) min (minute)..."</p> <p>Observation of resident #16 on April 25, 2011, at 10:15 a.m., during the initial tour, revealed the resident lying on the bed with Oxygen being administered via nasal cannula at 2 liters per minute. Observation of the Oxygen concentrator revealed the filters on each side of the machine were covered with white, lint-like substance.</p> <p>Review of the facility's policy, Oxygen Therapy-Concentrator, revealed, "...filters are cleaned or changed according to manufacturer's recommendations, at least weekly and as</p>	F 328	<p>3) The policy and procedure for oxygen filter cleaning was reviewed on 4-26-11 along with the manufactures guidelines by the Director of Nursing and Administrator. The cleaning scheduled was reviewed and revised by the Staff Development Coordinator and Director of Nursing on 4-28-11. The Staff Development Coordinator will have education provided to nursing staff on 5-4-11 by the supplier related to manufacture guidelines. The SDC will also in-service nursing staff on the cleaning schedule, policy and procedure by 5-9-11. Oxygen filters will be cleaned and/or replaced weekly. A review of residents utilizing oxygen will be completed weekly during the clinical stand up meeting by the Director of Nursing, Assistant Director of Nursing, MDS Coordinators, Staff Development Coordinator, Social Services, Activities Director, Dietary Manager, Rehab Services Manager and Administrator to ensure oxygen filter cleaning is completed. Aberrances will be corrected immediately</p> <p>4) An audit log will be completed on residents utilizing oxygen weekly for four weeks, by either the Director of Nursing, the Assistant Director of Nursing, the Staff Development Coordinator or the Unit Manager to ensure compliance with cleaning of the oxygen filters. Aberrances will be corrected immediately. These audits will continue monthly for three months. These audits will be reviewed quarterly by the Quality Assurance committee to include the nurse managers including the Director of</p>		

CENTERS FOR MEDICARE & MED SERVICES

FORUM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	Continued From page 2 needed. Review of the manufacturer's recommendations revealed, "...Remove each filter and clean at least once a week depending on environmental conditions ...environmental conditions that may require more frequent cleaning of the filters include but are not limited to: high dust, air pollutants, etc..." Interview with the Assistant Director of Nursing on April 25, 2011, at 10:00 a.m., and 10:15 a.m., in the resident's room at the time of the observations, confirmed the filters on the Oxygen Concentrators were dirty and needed to be cleaned.	F 328	Nursing, the Assistant Director of Nursing, the MDS Coordinators, Staff Development Coordinator, Treatment Nurse, Administrator, Medical Director, Social Services, Dietary Manager and Activities Director for further recommendations.	6-19-2011	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to maintain the kitchen in a clean and sanitary manner.	F 371	F- 371 1) Dietary Manager immediately contacted ECHO Lab for adjustment to the dishwasher sanitizer. Pans were re-washed and dried appropriately by the cook on 4-25-11. Hushpuppies and turkey burgers were discarded by the Dietary Manager on 4-25-11. Stove and deep fryer were immediately cleaned by the Dietary Manager on 4-25-11. 2) All residents have the potential to be affected. 3) The sanitation of the kitchen process was reviewed and revised by the Dietary Manager and the Administrator on 5-2-11. In-service will be provided to dietary staff by the Dietary Manager regarding cleaning schedule and maintaining the kitchen in a clean and sanitary manner by 5-10-11. The Dietary Manager will audit the kitchen weekly to ensure it is maintained in a clean and sanitary manner. Aberrances will be corrected immediately.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	<p>Continued From page 3</p> <p>The findings included:</p> <p>Observation and interview, of the kitchen, on April 25, 2011, at 9:50 a.m., with the Dietary Manager (DM), revealed the following:</p> <p>The dishwasher sanitizer test strip showed the Parts Per Million (ppm) over 200. Continued observation of the daily log, signed by the staff, revealed a constant value of 50 ppm documented every time the sanitizer was checked, including the one documented on April 25, 2011, a.m., just prior to the 9:50 a.m., observation.</p> <p>One cleaned serving pan was found with cooked, dried food inside the pan, returned to the stack of pans to be rewashed.</p> <p>One cleaned serving pan stacked and nested wet, removed from the stack and placed on the stack of clean pans (not placed of the pans to be rewashed).</p> <p>Continued observation of the freezer revealed a one gallon size plastic bag ¾ full of hushpuppies, with no date opened or no date of expiration.</p> <p>Continued observation of the freezer revealed two plastic bags, of five individual turkey burgers each, with no date opened or no date of expiration.</p> <p>Continued observation of the deep fryer revealed grease splattered on the sides of the fryer and on the left side panel of the gas cook stove. Continued observation revealed grease mixed with dust debris behind the deep fryer. Continued observation revealed the deep fryer was moveable with rollers attached to the base of the fryer.</p>	F 371	<p>4) The Registered Dietitian and or the Administrator will audit the kitchen monthly for three months, or until 100% compliance is achieved, to ensure the kitchen is maintained in a clean and sanitary manner. Aberrances will be corrected immediately.</p> <p>These audits of the kitchen will continue quarterly. These audits will be reviewed quarterly by the Quality Assurance committee to include the nurse managers including the Director of Nursing, the Assistant Director of Nursing, the MDS Coordinators, Staff Development Coordinator, Treatment Nurse, Administrator, Medical Director, Social Services, Dietary Manager and Activities Director for further recommendations.</p>	5-19-2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	<p>Continued From page 4</p> <p>Continued observation of the gas stove revealed a buildup of grease on the front knobs and across the front panel.</p> <p>Review of the facility policy for the dishwasher revealed, "...the sanitary solution during the rinse cycle is 50-100 ppm..." Continued review of facility policy for Pots and Pans and Dish and Utensils revealed, "...Invert items on counter...Allow all items to air dry...Do not towel dry..." Continued review of the facility policy for Cleaning Duties, revealed a list of staff names assigned to different tasks in the kitchen and "...These are on-going duties and will be checked by opening manager..."</p> <p>Interview with the Dietary Manager on April 25, 2011, at 10:15 a.m., in the kitchen, confirmed the kitchen was not maintained in a clean and sanitary manner, and the facility policy was not followed.</p>	F 371			